



Town of Lyman, Washington

STREET EXCAVATION PERMIT

Date _____

1 I hereby apply for the permits as follows:

Street Permit		\$35.00	_____
Permanent surface excavation	_____	\$50.00	_____
Gravel surface excavation	_____	\$50.00	_____
Driveway culvert installation	_____	\$50.00	_____
Concrete walk, curb & gutter removal &/or replacement	_____	\$50.00	_____
Driveway installation	_____	\$50.00	_____
Watermain installation - per plan	_____	\$50.00	_____
Installation of underground facilities	_____	\$50.00	_____
Other	_____	\$50.00	_____
Number of poles being replaced	_____ @ 15.00	_____	_____

TOTAL _____

2 LOCATION of work _____

3 TYPE of work _____

4 Work to begin on _____

5 Pavement to be replaced on this date _____ as directed by and to the satisfaction of the Public Works Department.

6 I agree to submit: 1) a site plan showing the location of the work; 2) drawings depicting details of the project; 3) a traffic control plan for the affected roadway, if applicable. Drawings shall be on 8 1/2 " x 11" sheets or larger.

7 Backfill of trenches shall be in accordance with "Typical Trench Detail" drawing unless approved otherwise by an Engineer. Backfilled trenches awaiting an approved permanent wearing course shall be maintained in a smooth condition with 4 inches of premixed material (cold-mix asphalt) at the surface.

8 I also hereby agree to maintain lights, signs, barricades and flagmen necessary for the protection of traffic at all times, day and night, during the work provided under this permit; and any instruction given by the town Public Works Department, as to handling of traffic will be fully complied with.

9 I also understand that no street may be closed to traffic unless approved by Public Works Department.

_____ may be closed to traffic from _____ to _____

Clerk _____ Public Works _____

I agree to comply with all the conditions, restrictions and regulations of the Town of Lyman and guarantee such construction for not less than 2 years.

Contractor # _____

Co. name work is for _____ Contractor or Sub _____

Contact name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone Number _____ Phone Number _____

Print Name _____ Signature _____

This certifies that the above-named applicant is granted permits to do the work described in and for the purpose shown in the permit.

Nothing permitted hereunder shall be deemed to override the provisions of any applicable law of the Town, State, or Federal Government.

Lyman reserves the right to require a

Public Work comments &/or requirements:

Issued by _____ STREET _____

for the Town of Lyman

Town of Lyman 8405 S Main Street Lyman, WA 98263 360-826-3033

Public Works Department: Heather Osborne (360) 630-7361